PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

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FRADENIE				ation Number	09/517,149				
TRANSMITTAL			Filing [	Date	March 2, 2000	logy	VO (		
FORM (to be used for all correspondence after initial filing)			First N	amed Inventor	Minoru Horii	<u> </u>			
			Art Un	it ,	2624	1 2			
			Exami	ner Name	Poon, King Y.	enter 2	2004		
Total Number of Pages in This Submission		, 14	Attorne	ey Docket Number	351778.04000	600			
ENCLOSURES (check all that apply)									
Fee Transmittal Form		Drawing(s)				mmunication to			
Fee Attached		Licensi	ng-relate	d Papers			d of		
— Amendment / Reply		Petition			Appeal Communication to Group				
After Final		Petition to Convert to a			Proprietary Information				
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address			Status Letter				
Extension of Time Request		Terminal Disclaimer			Other Enclosure(s) (please identify below):				
Express Abandonment Request		Request for Refund  CD. Number of CD(s)			Request For Continued Examination (RCE) Transmittal Return Postcard				
Information Disclosure Statement									
Certified Copy of Priority Document(s)		Remarks credit any overpaym and which may be re Account No. 50-2603			ent) associated with this co quired under 37 CFR 1.78 t , referencing Attorney Doc	ommunio to Depos	cation		
Response to Missing Parts under 37 CFR							•		
	Transmittal Form								
Firm or Individual name	Doyle B. Johnson (Reg. No. 39,240)								
Signature	White 1								
Date	October 25, 2004								
CERTIFICATE OF MAILING									

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Typed or printed name Norma E. Gillespie October 25, 2004 Signature Date

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Complete if Known 8-

09/517,149

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**Application Number** 

**FEE TRANSMITTAL** 

for FY 2003			Filing Date			March 2, 2000			
			First Named Inventor			ru Horii	90	_ <	
Effective 01/01/2003. Patent fees are subject to annual revision.			Examiner Name Poon, King Y.			0			
Effective 01/01/2003. Patent fees are subject to annual revision.  Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2624		E.	~2 ~	4.75		
TOTAL AMOUNT OF PAYMENT (\$) 790			Attorney Docket No.			351778.04000		200,	
METHOD OF PAYMENT (check all that ap		FEE CALCULATION (continued)					. 2. 9		
METHOD OF PATMENT (CHECK all that apply)			3. ADDITIONAL FEES						
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None Order			Entity	Small I					
☐ Deposit Account:			Fee	Fee	Fee	Fee De	scription		Fee Paid
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Deposit Account REED SMITH CROSBY HEAFEY LLP Name			130 2,520	1053 1812	130 2,520	Non-English spe For filing a reque		ination	
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The Director is authorized to: (check all that apply)						Examiner action	<b>;</b>		
⊠ Charge fee(s) indicated below	1805	1,840*	1805	1,840*	Requesting public Examiner action		after		
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to the above-identified deposit account.  FEE CALCULATION		1252	410	2252	205	Extension for re	ply within seco	ond	
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1. BASIC FILING FEE Large Entity Small Entity		1254	1,450	2254	725	Extension for re			
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	Fee Paid	1255	1,970	2255	985	Extension for re	ply within fifth	month	
1001 750 2001 375 Utility filing fee	Teeraid	1401	320	2401	160	Notice of Appea	1		
1002 330 2002 165 Design filing fee		1402	320	2402	160	Filing a brief in s	support of an a	appeal	
1003 520 2003 260 Plant filing fee		1403	280	2403	140	Request for oral	•		
1004 750 2004 375 Reissue filing fee		1451	1,510	1451	1,510	Petition to institu proceeding	ite a public us	e	
1005 160 2005 80 Provisional filling fee		1452	110	2452	55	Petition to revive	e – unavoidab	le	
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	2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE  Extra Fee from Fee			2502 2503	235 315	Design issue fee Plant issue fee	•		$\vdash$
Claims below Paid		1503 1460	630 130	1460	130	Petitions to the	Commissioner		$\vdash \dashv$
Total Claims 29 -34 ** = 0 X 18 = 0		1807	50	1807	50	Processing fee	under 37 CFR	1.17 (q)	
Claims 7 -7 ** = 0 X 88	= 0	1806	180	1806	180	Submission of Ir	nformation Dis	closure	
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1202 18 2202 9 Claims in excess 1201 84 2201 42 Independent claim		1	, 50	7	5, 5	examined (37 C			
1203 280 2203 140 Multiple dependen	nt claim, if not paid	1801	750	2801	375	Request for Contin	ued Examination	on (RCE)	790
1204 84 2204 42 ** Reissue independent claims over original patent		1802	900	1802	900	Request for expect		on	
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SUBTOTAL (2) (\$) 0			Other fee (specify)						
<u> </u>	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 790							0	
**or number previously paid, if greater; For Reissues, see ab					Com	nlete (if soulis	oh(e)		
SUBMITTED BY  Registration No.			Complete (if applicable)						
Name (Print/Type) Doyle/B. John/Son (Attorney/Agent)			39,240 Telephone 415-659-5969				· · · · · · · · · · · · · · · · · · ·		
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